

New Jersey Housing and Mortgage Finance Agency

Section 811 Project Rental Assistance Program

APPLICATION

NJHMFA
Supported Housing and Special Needs Division
637 South Clinton Ave.
Trenton, NJ 08650-2085

Contact Person:
Kelly Palombi
Section 811 PRA Coordinator
609-278-7486
kpalombi@njhmfa.gov

PART 1: APPLICANT INFORMATION

*Applications will be accepted on a rolling basis until all Section 811 PRA are committed.
Each project will require a separate application.*

Applicant Name: _____

Contact Name: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Owner/Sponsor Name (If different from above): _____

Contact Name: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

Mgmt. Company*: _____

Mgmt. Company: _____

*Fill the above even if it is self-managed

Contact Name: _____ Position/Title: _____

Mgmt. Company Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

PART 2A: PROJECT INFORMATION

Project Type (check one): ☐ New Construction/Rehab Project ☐ Existing Project
(Please complete the appropriate sections of this application based on your project type)

Project Name: _____ HMFA#: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County _____

No. of Buildings: _____ Total No. of Units: _____ Number of Stories: _____

Total Sq. Footage: _____ Year Project was Built: _____

Type of Construction: _____ New: _____ Rehab: _____

Financing Information:

Existing Mortgage(s): _____

Lender: _____

Lien Position: _____

Lender: _____

Lien Position: _____

Social Service Provider (if applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Position/Title: _____

Phone: _____ Email: _____

PART 2B: PROJECT DESCRIPTION

Please provide a description of the property on a separate page that includes information such as amenities within the project, floor plan, proximity to various amenities, description of neighborhood, and tenant services. Please include the number of units of each type that are currently occupied, currently vacant, and in the case of Existing projects, the number and types of units to be set aside. Please also describe the property's policies regarding background checks and Tenant Selection Plan.

Type of Public Transportation:

Bus: _____ Light Rail: _____ Other: _____

Nearest public transportation option (in miles): _____

Property Amenities:

- | | | |
|-----------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Washer/dryer on-site | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Washer/dryer in-unit | <input type="checkbox"/> Community Room | <input type="checkbox"/> Other: _____ |

Please Mark Which Utilities are Paid by the Tenant:

- | | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Household Electric | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Cooking (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) | <input type="checkbox"/> Heat (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) |
| <input type="checkbox"/> Hot Water (choose <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC) | <input type="checkbox"/> Other: _____ (describe) |

Current Occupancy and Vacancy for Existing Projects:

Please complete the chart below indicating the number of vacant and occupied units by bedroom size.

Unit Status	Number of 1 Bedroom Units	Number of 2 Bedroom Units
Occupied		
Vacant		
Overall Total Units in Property		

PART 3: NUMBER OF SECTION 811 PRA UNITS REQUESTED

(Please complete the appropriate section based on your project type)

For New Construction/Rehab Projects

Total Number of Units at the Property: _____

Total Number of Units Requesting 811 Subsidies: _____

Projects Under Construction:

One bedroom accessible units (34% AMI): _____

One bedroom non-accessible units (34% AMI): _____

Two bedroom accessible units (34% AMI): _____

Two bedroom non-accessible units (34% AMI): _____

Two bedroom accessible units (50% AMI): _____

Two bedroom non-accessible units (50% AMI): _____

Total Number of Units Currently Set Aside for Persons with a Disability other than the 811 Subsidized Units: _____

Total Number of Units Presently Receiving Project Based Rental Assistance Payments: _____

For Existing Projects

Total Number of Units at the Property: _____

Units to be set aside:

One bedroom accessible units (34% AMI): _____

One bedroom non-accessible units (34% AMI): _____

Two bedroom accessible units (34% AMI): _____

Two bedroom non-accessible units (34% AMI): _____

Two bedroom accessible units (50% AMI): _____

Two bedroom non-accessible units (50% AMI): _____

Total Number of Units Currently Set Aside for Persons with a Disability in addition to the 811 Subsidies: _____

Total Number of Units Presently Receiving Project Based Rental Assistance Payments: _____

Participating developments must have the capability to execute and transmit tenant certification and recertification data (form HUD 50059) and voucher data (form HUD 52670) electronically to HMFA. HMFA will electronically transmit the data (HUD form 52670 and HUD 50059) to HUD via the Tenant Rental Assistance Certification System (TRACS) to receive payment. Once received and approved, HUD will wire payment of the monthly rental subsidy amount to HMFA through the HUD Electronic Line of Credit Control System (eLOCCS) and HMFA will distribute the subsidy payments to the development.

Current Software system: _____

PART 4: APPLICANT SIGNATURE

The undersigned applicant hereby makes application to NJHMFA for the Section 811 PRA Program.

_____ Number of Requested Section 811 PRA Program Units

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please return two copies of completed application and supporting documentation attention to:

Attn: Kelly Palombi, Section 811 Program Coordinator
Division of Supported Housing & Special Needs
New Jersey Housing and Mortgage Finance Agency
637 S. Clinton Avenue
P.O. Box 18550
Trenton, NJ 08650-2085
609-278-7486
Email: kpalombi@njhmfafa.gov

Questions? Please contact Kelly Palombi at 609-278-7486